

In re Patent Application of

Mario A. Villena, et al.

: Group Art Unit: Unknown

Serial No. 10/536,693

Attorney Docket No. 56290.1541

Filed: May 27, 2005

COMPUTERIZED AGENT AND SYSTEMS FOR AUTOMATIC SEARCHING OF PROPERTIES HAVING FAVORABLE ATTRIBUTES

# SUBMISSION OF POWER OF ATTORNEY AND CHANGE OF ADDRESS

U.S. Patent and Trademark Office Randolph Building 401 Dulany Street Alexandria, VA 22314

Date: April 25, 2006

Sir:

Enclosed herewith is a new Power of Attorney for the above-identified application.

Please direct all future correspondences to:

VOLENTINE FRANCOS & WHITT, PLLC ONE FREEDOM SQUARE 11951 FREEDOM DRIVE, SUITE 1260 RESTON, VA 20190

Respectfully submitted,

VOLENTINE FRANCOS & WHITT, PLLC

B. Y. Mathis Reg. No. 44,907

One Freedom Square 11951 Freedom Drive, Suite 150 Reston, VA 20190 Tel. No. (703) 715-0870 Fax No. (703) 715-0877

PTO/SB/124A (04-05)
Approved for use through 07/31/2005. OMB 0651-0035
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| To the Commission                    | ner of P   | atents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                  |          |                       |     |
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| Please chang                         | e Addres   | s to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | -                |          |                       |     |
| Firm <i>or</i><br>Individual<br>Name |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                  |          |                       |     |
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| Telephone                            |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | En        | nail             |          |                       |     |
| Please add to                        | he followi | ing practitioner registration number(s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s) to the | Customer N       | umber    | above:                |     |
|                                      |            | gistration numbers are listed on suppleme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | ·                |          |                       |     |
|                                      |            | (must be a person, e.g. registered practiti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | ociated with the | he custo | omer number shown abo | ve) |
| Firm Name (if app                    | ilicable)  | Volentine Francos & Whitt, P.L.L.C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·•        |                  |          |                       |     |
| Signature                            | ٠.         | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                  |          |                       |     |
| Name of Person<br>Submitting reques  | st         | Adam C. Volentine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | Registrati       | on No.   | 33,289                |     |
| Telephone Number                     | ∍r<br>     | (571) 283-0720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                  | Date     | April 25, 2006        |     |
|                                      |            | and the second s |           |                  |          |                       |     |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop EBC, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

# POWER OF ATTORNEY

Honorable Commissioner For Patents, Washington, D.C. 20131

Dear Sir,

## **POWER OF ATTORNEY**

On behalf of the inventors and applicants, Mario VILLENA and Jose VILLENA, I/We hereby revoke all prior powers of attorney in the United States patent applications and patents identified in Table 1 below, and

I/We appoint the practitioners associated with the <u>CUSTOMER NUMBER</u> 20987, jointly and severally, attorneys to prosecute these applications and patents identified in Table 1 below, and to transact all business in the U.S. Patent and Trademark Office connected therewith. The inventors have made no assignments of any of the applications listed in Table 1.

#### TABLE 1

| Serial Number  | Filing Date   | Attorney Docket No. |  |  |
|----------------|---------------|---------------------|--|--|
| PCT/US04/28217 | Aug. 31, 2004 | 56290.1500          |  |  |
| PCT/US04/28218 | Aug. 31, 2004 | 56290.1520          |  |  |
| PCT/US04/28206 | Aug. 31, 2004 | 56290.1540          |  |  |
| 10/536,692     | June 27, 2005 | 56290.1501          |  |  |
| 10/536,691     | June 27, 2005 | 56290.1521          |  |  |
| 10/536,693     | June 27, 2005 | 56290.1541          |  |  |

<u>Signed</u>

Mario Villena

Date

-Jose Villena

Date